

PRESS RELEASE

August 2, 2006

**RE: WARSAW, NEW YORK DOCTOR INDICTED ON HEALTH CARE
FRAUD**

United States Attorney Terrance P. Flynn announced today the return of an indictment charging Dr. Ezzat M. Soliman, an Orthopedic Surgery and Sports Medicine doctor, with health care fraud in violation of Title 18 U.S.C. 1347. The allegations include that Dr. Soliman, rather than use his discretion to bill appropriately as required for office evaluation and management codes, directed that his office staff always bill at the highest code available without any regard to the level of service he actually provided to his patients. Medicare and other insurance carriers are financially harmed by billing in this manner.

The health care fraud charge carries a maximum term of 10 years imprisonment , a fine of \$250,000, or both. It should be noted that the fact that a defendant has been charged with a crime . . . is merely an accusation and the defendant is presumed innocent until and unless proven guilty. (**Disciplinary Rule 7-107(B)(6)**).

Assistant U.S. Attorney Robert G. Trusiak stated that Dr. Soliman profited by billing in this manner. In order to obtain reimbursement for services rendered to patients insured by insurance plans, a physician's office must complete and submit claim forms to the insurance carriers, either on paper or by electronic media. The standardized form (HCFA 1500) requires the physician to list the medical service provided to a patient, the diagnoses of the patient which made the service medically necessary, and the date of the service.

The medical procedures performed on patients are represented on the insurance claim forms by five-digit numbers, known as procedure codes. The procedure codes identify the nature and complexity of the service provided. The procedure codes correlate to previously approved payment amounts. The procedure codes are listed and explained in detail in the “Physicians’ Current Procedural Terminology” (CPT) manual, which is published annually by the American Medical Association. The CPT codes are designed for and used by health care providers in billing for services rendered to both government and non-government health insurance programs. A doctor is required to use his honest determination of the appropriate code. The physician’s treatment notes maintained in patient files must reflect the work/decision making to support the billing. Insurance companies are authorized to audit the patient files to verify billings.

The billing codes relevant to Soliman are the five-level evaluation and management codes (“E&M”) utilized for office visits. The codes for treatment of established patients range sequentially from 99211 to 99215: the higher the number, the greater the reimbursement. The CPT manual sets forth the criteria for each billing code. The highest code (99215) requires comprehensive medical history (at least eight organ systems), social history (diet, smoking, drug/alcohol use, physical activity, etc), complex medical decision making and/or a comprehensive physical examination.

The U.S. Postal Service, Office of the Inspector General, lead this investigation jointly with the Federal Bureau of Investigation, the Department of Health and Human Services, and the Western District of New York Health Care Fraud Task Force.